

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. <div style="font-family: cursive; font-size: 1.2em;">09/677401</div>		FILING DATE				
							APPLICANT(S)						
CLAIMS													
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/						51		/				
2		/					52		/				
3		/					53		/				
4		/					54	/					
5		/					55		/				
6		/					56		/				
7		/					57		/				
8	/						58		/				
9		/					59		/				
10		/					60		/				
11		/					61		/				
12		/					62		/				
13		/					63		/				
14		/					64		/				
15		/					65	/					
16		/					66		/				
17		/					67		/				
18		/					68		/				
19		/					69		/				
20		/					70		/				
21		/					71	/					
22		2					72		/				
23		2					73		/				
24		2					74		2				
25		2					75		/				
26		2					76		/				
27		/					77		/				
28		/					78		/				
29		/					79		/				
30		/					80		/				
31		/					81		/				
32		3					82		/				
33		3					83		/				
34		3					84		/				
35		3					85		/				
36		/					86		/				
37		/					87		/				
38		/					88		/				
39		2					89		/				
40		2					90						
41		2					91						
42		2					92						
43		2					93						
44		/					94						
45		/					95						
46		/					96						
47	/						97						
48		/					98						
49		/					99						
50		/					100						
TOTAL IND.	69						TOTAL IND.						
TOTAL DEP.	189						TOTAL DEP.						
TOTAL CLAIMS	15						TOTAL CLAIMS						